



**NP-20A**  
State Form 51064  
(R/7-05)

*Indiana Department of Revenue*  
**Nonprofit Application for  
Sales Tax Exemption**  
NO FEE REQUIRED.

| Part I                       |                                              |                                        |                               |
|------------------------------|----------------------------------------------|----------------------------------------|-------------------------------|
| Full Name of Organization    |                                              | This Area for Department Use Only      |                               |
|                              |                                              |                                        | Type                          |
| Mailing Address              |                                              |                                        |                               |
|                              |                                              |                                        |                               |
| City, State, Zip Code        |                                              | County                                 |                               |
| Date Incorporated or Formed: | Enter the Month Your Accounting Period Ends: | Indiana Taxpayer Identification Number | Federal Identification Number |

What is the predominant purpose of your organization?

| Part II                                                                                                                                                                                                    |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Indicate type of qualifying organization named in I.C. 6-2.5-5-21 (Check only one box in A, B, or C).                                                                                                   |                                                           |
| A. Organized specifically as a:                                                                                                                                                                            |                                                           |
| <input type="checkbox"/> (1) Church                                                                                                                                                                        | <input type="checkbox"/> (3) Monastery/Convent            |
| <input type="checkbox"/> (2) Hospital                                                                                                                                                                      | <input type="checkbox"/> (4) Parochial School             |
| <input type="checkbox"/> (5) Departmental Use Only                                                                                                                                                         | <input type="checkbox"/> (7) Pension Trust                |
| <input type="checkbox"/> (6) Labor Union                                                                                                                                                                   | <input type="checkbox"/> (8) Veteran's Group              |
| B. Organized and operated for one of the following reasons:                                                                                                                                                |                                                           |
| <input type="checkbox"/> (1) Religious                                                                                                                                                                     | <input type="checkbox"/> (3) Scientific                   |
| <input type="checkbox"/> (2) Charitable                                                                                                                                                                    | <input type="checkbox"/> (4) Literary                     |
| <input type="checkbox"/> (5) Educational                                                                                                                                                                   | <input type="checkbox"/> (7) VEBA                         |
| <input type="checkbox"/> (6) Civic                                                                                                                                                                         | <input type="checkbox"/> (8) Student Co-operative Housing |
| C. Organized and operated as one of the following entities:                                                                                                                                                |                                                           |
| <input type="checkbox"/> (1) Fraternal (including fraternal beneficiary societies)                                                                                                                         | <input type="checkbox"/> (2) Departmental Use Only        |
|                                                                                                                                                                                                            | <input type="checkbox"/> (3) Business League              |
| <input type="checkbox"/> (4) Business Association                                                                                                                                                          |                                                           |
| 2. Does your organization sell or rent personal property for more than 30 days in a calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes                                                |                                                           |
| 3. Is this organization a local affiliate of a national or parent organization? <input type="checkbox"/> No <input type="checkbox"/> Yes--If so enter name and address of national or parent organization. |                                                           |
| 4. Has this organization previously applied for Indiana exempt status? <input type="checkbox"/> No <input type="checkbox"/> Yes--If so, please indicate previous registration number.                      |                                                           |

**IMPORTANT--Attach one of the following documents that apply to your organization.**

- (a) Copy of federal determination letter (ruling from the Internal Revenue Service) showing the section of the Internal Revenue Code exemption from federal tax has been granted. To obtain a copy of federal determination letter or to apply for federal exemption, contact the IRS at: 1-877-829-5500
- (b) If incorporated, a copy of Articles of Incorporation and Bylaws. If not incorporated, a copy of Constitution and/or Bylaws, Articles of Association, Declaration of Trust, copies of amendments, and any changes presently proposed.

**Mail To:**  
Indiana Department of Revenue  
Nonprofit Section, Room N203  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2253  
(317) 232-2188

*I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.*

|                              |                             |               |
|------------------------------|-----------------------------|---------------|
| Name of Person(s) to Contact | Daytime Telephone Number(s) | Email Address |
| Signature                    | Title                       | Date Signed   |